DATENT ADDITION FEE DETERMINATION RECORD												inosi .	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 (879 555)												56	
CLAIMS AS FILED - PART I SMALL ENTITY OTHER THA (Column 1) (Column 2) TYPE OR SMALL ENTITY													
TOTAL CLAIMS				10				RATE	FEE	٦ ·	RATE	FEE	
F	OR		NUMBER FILED		NUMBER EXTRA		8	ASIC FE	€ 385.00	OR	BASIC FEI	770.00	
ī	OTAL CHARGE	ABLE CLAIMS	//) minus 20=		•			X\$ 9=		OR	XS18=		
IN	DEPENDENT C	LAIMS	minus 3 =		. ~		 	X43=		OR	X86=	V58	
М	ULTIPLE DEPE	NDENT CLAIM P	RESENT							1		100	
•	f the difference	e in column 1 is	less than z	L	+145=	├	OR	+290=	11.000				
												1078	
	·	(Column 1)	いもにいいこ	(Column 2) (Column 3)				SMALL	ENTITY	OR	OTHER SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 10	Minus	-2	0			X\$ 9=		OR	X\$18=		
	Independent	. 6	Minus	-3		مخر:		X43≈		OR	X86=		
	I FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	+290=		
Inext her with drims.								145= TOTAL	<u> </u>	OR	101AL		
Column 11								ADDIT. FEE OR ADDIT. FEE					
		(Column 1) CLAIMS		(Colum		(Column 3)			ADDI-	1		ADD1-	
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA	ſ	RATE	TIONAL FEE		RATE	TIONAL	
	Total	. 12	Minus	- 20) :	•—	5	(\$ 9-		OR	X\$18=		
	Independent	• ``	Minus	••• 60		• (.	1	(43 =		OR	X86=	200	
`	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=			.000		
										OR	+290=		
								TOTAL NT. FEE		OR ,	COT FEE	200	
-		-	·										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE MUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	••		•	X	3 9=		OR	X\$18=	•	
	Independent	•	Minus	•••		•	×	43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=					
* If the entry in column 1 is less than the entry in column 2, write "O" in column 3.										OR	+290=		
(f the ."Highest Nun	nber Previously Pai mber Previously Pa	id For IN THIS	S SPACE is I	ess than	20, enter 20."		TOTAL IT. FEE		OR A	DOTT. FEE		
		ber Previously Paid					tòuns i	n the app	ropriate box	in colu	770, T.	į	